

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION**

L.T. by her guardian,
VICKI MCSWAIN,

Plaintiff,

v.

Case No.: 4:08-CV-00332-RH/WCS

JUDY MANDRELL, Individually
LILLIE S. PEASE, Individually
JENNIFER JOHNSON, Individually and
GAYLA SPIVEY, Individually,

Defendants.

**PLAINTIFF'S NOTICE OF FILING A SUPPLEMENT TO PLAINTIFF'S RESPONSE IN
OPPOSITION TO DEFENDANT'S MOTION TO STRIKE DR. BRETT NELSON**

COMES NOW, Plaintiff L.T., by her Guardian, VICKIE MCSWAIN, by and through undersigned counsel, and hereby provides this Notice of Filing of the entire file regarding L.T. provided by Dr. Brett Nelson, as ordered by this Court at a hearing conducted on May 5, 2009.

Certificate of Service

I HEREBY CERTIFY that a true and correct copy of the foregoing was provided by
CM/ECF to the attorneys of record this 7th day of May, 2009.


RAYMOND A. HAAS, ESQUIRE

Florida Bar No. 137301

ANDREW J. LEWIS, ESQUIRE

Florida Bar No. 0964190

HAAS, LEWIS, DiFIORE & AMOS, P.A.

4921 Memorial Highway, Suite 200

Tampa, Florida 33634

(813) 253-5333

(813) 254-8555 Facsimile

RICHARD A. FILSON, ESQUIRE

Florida Bar No. 435074

FILSON & PENGGE, P.A.

2727 S Tamiami Trl Ste 2

Sarasota, Florida 34239-4523

Phone: 941.952-0771

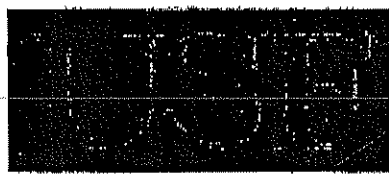
Fax: 941.951-2142

LANCE BLOCK, ESQUIRE

Florida Bar No. 449237

P.O. Box 840

Tallahassee, FL 32302-0840



FAXED

HEALTH

University of South Florida

Department of Psychiatry and Behavioral Medicine

3515 East Fletcher Avenue, Tampa, Florida 33613

FAX TRANSMITTAL SHEET

DATE: 4/28/9

TO: Alan Breneman

FAX: 813-254-8555

PHONE: _____

FROM: DONNA

PHONE#: (813) 974-8900

FAX #: (813) 974-3223

Number of pages including this transmittal sheet: _____

Message: _____

CONFIDENTIALITY NOTE

The information contained in this facsimile message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this facsimile message is strictly prohibited. If you have received this facsimile message in error, please immediately notify us by telephone and return the original message to us at the address above via the United States Postal Service. Thank you.



Health Sciences Center Medical Clinic
12901 Bruce B. Downs Boulevard- MDC 33
Tampa, FL 33612-4799
(813) 974-2201

Patient Name: [REDACTED]
Date of Birth: [REDACTED]
Medical Record: P1684335

**University of South Florida
Child and Adolescent Psychiatry
Initial Evaluation**

NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
AGE AT EVALUATION: 15 years
DATE OF EVALUATION: 03/19/2009

CC: "I'm not feeling good."

History of Present Illness:

[REDACTED] is a 15-year-old African American female who presents with her aunt who is her primary caregiver for an evaluation. [REDACTED] has a significant history of experiencing recurrent traumatic events of being sexually abused by her uncle. 18 months ago she was removed from his custody and placed with her aunt. These problems seemed to worsen in 2008 when she discovered that her uncle would not be going to jail for what he did to her. Shortly after that discovery, she began experiencing worsening feelings of worry and depression.

She has been having intrusive thoughts of the abuse that she has experienced. She says that most days, she feels "tired and restless." She endorses feeling "jumpy" on edge. She says that she avoids violence on television, pictures of her as a kid, or children being yelled at will trigger a lot of memories about that. She says that also during this time, she has been sleeping poorly with initial insomnia. After she falls asleep, she will awake drenched in sweat and will have significant nightmares about being lost, or afraid, or being in a lot of trouble being kidnapped, fighting. She has struggled with sleeping for the last two months. She avoids thinking about the events that occurred to her. She states that she feels that, "life doesn't have a purpose and that she is just a mistake." She endorses excessive anxiety about "little things," like "going home after getting in trouble after school," about "getting sick and losing things" which she will frantically look for. She endorses frequent headaches in her temples and neck. In fall of 2008, she had a history of sudden onset of shortness of breath "hyperventilating" shaking, hot flushes, pounding heart, and irrational feelings of panic, "I felt that something bad was going to happen



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Patient Name: [REDACTED]
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to me," and, "I thought that was how I was going to be the rest of my life." It improved with breathing in to a paper bag. This happened during a very stressful test that she hadn't studied for. She was taken out of the room in a wheel chair. This also happened a week ago when she lost her cell phone. She worries about this happening again but she does not avoid places that she might otherwise attribute with this. She does not fear small places or places where she is going to escape. She says that she is very anxious around other people her age. She does not like to be judged, "It's the biggest fear that I have is to be judged by others." She says that she spends a lot of time in her room at home avoiding "people." She says that she doesn't like talking to people because she wouldn't know what to say to people. "I wouldn't know what to say to them." She says that she gets very anxious and shakey when she has to give presentations. She worries that people might be looking at her.

She says that she often feels "down and sad," especially after she has been worrying about something. She admits to having decreased interest in interacting in social activities and that she often secludes herself in her room. She admits to having negative thoughts about herself including that she feels that she does not do, "anything right and that she is stupid." She states that she, "feels that everything she tries to do messes up and it always turns up bad." She says that, "nothing that I ever do ever turns out good." Her appetite is "ok" without recent changes and that she eats three meals daily. She continues to enjoy writing novels and she is reading about history. She ranks her mood as a 3/10 which she says that she has always been a three. "I don't remember a whole day where I was happy the whole day." She has been more argumentative with her aunt and difficult to get along with at home. She says many things she used to like to do no longer seem to be enjoyable although she continues to enjoy writing in her journal. She says that school has been more difficult for her as her concentration has worsened. she has given up this year because she can't focus. She said she has thought about killing herself more than once and that she is sure that no one would care if she did. Her plans for this have included: putting bleach on a sandwich, overdosing on meds, and holding her breath until she passed out. She stated that, "when I am mad or crying, I wish I wasn't alive." She said she would never attempt to kill herself but, "others would be so much better without me here - I complicate things." She denied self-injurious behaviors. She denied any current thoughts or plans of suicide. She says that she that she occasionally hears things at night including, "the floor creaking like someone is walking in the room." She says that she is too afraid to get out of



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Patient Name: [REDACTED]
Date of Birth: [REDACTED]
Medical Record: P1684335

the bed, "I just lie there quaking," as she is afraid that it could be someone there who is not supposed to be there. She also hears these sounds during the day. She also states that at times she will see things "out of the corner of her eyes." These do not seem to worsen when she is depressed or sad. She denies use of any drugs of abuse, alcohol, or nicotine. She has no history of decreased need for sleep, grandiose moods, or impulsive reckless behaviors. All other review of systems were negative.

Past Psychiatric History:

[REDACTED] has never taken psychiatric medications. She has never been evaluated by a psychiatrist in the past for treatment purposes. She was evaluated at the University of South Florida for a forensic interview relating to the abuse she experienced. She has been in therapy in the past and has been recently seen at the Harbours in Florida. In pre-Kindergarten she was enrolled in speech therapy briefly. She has never been in Occupational Therapy or Physical Therapy. She has no history of IQ/Achievement testing.

Developmental History:

[REDACTED] was born the product of a non-complicated, spontaneous vaginal delivery in Tallahassee, Florida. There were likely exposures to drugs and/or other substances during the pregnancy. [REDACTED] had no known delays in her developmental milestones. At 1 ½ years of age, [REDACTED] was placed with her mother's father's brother and his wife, Eddie and Vicky Thomas by CPS after her mother was no longer able to care for her. She has been living with her aunt for three years.

Family Psychiatric History:

She has a family psychiatric history significant for a maternal aunt with depression. Other psychiatric history in the family was denied.

Medical History:

[REDACTED] has no active medical problems. She has no history of loss of consciousness, head injury, or seizures. She has no history of major surgeries or hospitalizations for any medical reason. She takes no medications, vitamins, or herbal supplements.

Social History:



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Date of Birth: [REDACTED]
Medical Record: P1684335

The patient currently lives with her maternal aunt and permanent custodian, Vickie McSwain, in Holiday, Florida. Also at this home is her half-sister [REDACTED] (age 6), her half-brother [REDACTED] (age 4), and four cousins (a 14-year-old, 13-year-old, 10-year-old, and a 3-year-old). She has a 13-year-old brother who does not live in the house. She is currently in the 9th grade attending J.W. Mitchell High School. Last year she was at Paul R. Smith Middle School in Holiday, Florida. She described her recent grades as C's and D's but she has been bringing them up this recent term. [REDACTED] has some friends that she says she eats lunch with but she does not socialize with friends after school. Her hobbies include writing fictional "narratives." [REDACTED] does not have any pets. She gets in trouble at home more than at school. Sometimes she will lie about things (taking out the trash). She skipped class one time (Spanish) after a student in the class called her a bad name which was very embarrassing to her. She lied about skipping and got caught. This is not a recurrent problem. Ms. McSwain says that [REDACTED] is overall a very good child and that she generally gets her chores done. She gets in bickering matches over cell phones with her relatives but nothing physical. There is no contact currently with her biological parents. She hasn't seen her mother, who lives in Tallahassee, since 2006 when her uncle brought her there to see her. Her mother never calls her. She has never met her father. She was removed in 1996 from her mother for reasons that are unclear to Ms. McSwain. She went for two months to the Gillams in foster care at 1 1/2 years of age. Afterwards in late 1996 she went to live with her great uncle Eddie and Vicky Thomas in Gaston County (Eddie Thomas is her mother's father's brother.) She lived with her great uncle until February of 2005 when she ran away. [REDACTED] and her present family are Jehovah's Witnesses. [REDACTED] reported that her life at Vickie's house is "good" and that she gets along with her cousins and siblings. For discipline, she is grounded from her cell phone, but this doesn't happen frequently.

MENTAL STATUS EXAM:

APPEARANCE: African American female dressed in casual attire with fair grooming and hygiene. BEHAVIOR: She is calm, cooperative, and makes limited eye contact. She becomes tearful when discussing emotionally painful subjects. MOOD: "OK" AFFECT: dysphoric, reactive THOUGHT CONTENT: She denies all suicidal or homicidal ideations. She denies auditory or visual hallucinations. THOUGHT PROCESS: Logical, linear, and goal directed. INSIGHT: fair. JUDGMENT: fair. SPEECH: regular in rate, rhythm, and prosody. COGNITIVE: She is fully alert and oriented.



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Patient Name: [REDACTED]
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DIAGNOSIS:

Axis I: Post Traumatic Stress Disorder
Generalized Anxiety Disorder
Social Phobia
Major Depressive Disorder, Mild-Moderate, Chronic
Axis II: Defer
Axis III: No Active Medical Problem
Axis IV: School Stressors
Axis V: 55

ASSESSMENT:

This is a 15 year-old African American female who presents with her aunt for an evaluation. From a biological point of view, she has family history significant for substance abuse and depression. She currently has no active medical problems, takes no medications, and she does not use substances of abuse. From a psychological standpoint, the patient was the victim of significant sexual, emotional, and physical abuse while living with her maternal great uncle. These experiences likely lead her to be predisposed to problems with depression and anxiety especially when emotional triggers of the abuse are present (violent television shows, intense arguments, etc.) The invalidating experiences she lived through likely leads to poor self-esteem and difficulty forming meaningful relationships. From a social point of view, the patient currently is doing fairly well in school although her grades have been slipping due to her problems concentrating. She is currently living in stable environment however there are many children in the family and one care-giver.

PLAN:

1. The patient's aunt and caregiver have signed consent for treatment and evaluation.
2. The patient has been instructed to dial 9-1-1 or report to the nearest emergency department in case of an emergency. In a non-emergent situation, they may call the clinic and I will return their call.



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Patient Name: [REDACTED]
Date of Birth: [REDACTED]
Medical Record: P1684335

3. I have recommended that the patient undergo Cognitive Behavioral Therapy targeting anxiety and depressive symptoms.
4. Will begin the patient on an SSRI targeting anxiety and depressive symptoms. Will start Fluoxetine 10mg PO qDAY. Have discussed risks and benefits of this medications including irritability, headache, nausea, and suicidality.
5. Will see the patient back in 2-4 weeks or they will seek follow-up in the mental health system in the community that they live in.

The patient was seen and staffed with Dr. Stock the attending on service.

Electronically signed by: Brett Nelson M.D. Apr 13 2009 3:53PM EST Author

Faculty note - pt seen and evaluated by me. I reviewed the key portions of the interview with the pt/family including sx's of PTSD and depression. I read the resident physician note and agree with the above assessment and plan.

Electronically signed by: Sandra Stock M.D. Apr 15 2009 10:25AM EST

CDC

FAXED

University of South Florida, Department of Psychiatry and Behavioral Medicine

VERIFICATION OF OUTPATIENT MENTAL HEALTH BENEFITS

☒ NEW PATIENT☐ NEW / REPLACEMENT INSURANCE

PACCT#

OF

☒ PRIMARY INSURANCE☐ SECONDARY INSURANCE☐ SELF PAY

Patient: [REDACTED] S/S [REDACTED] D.O.B. [REDACTED]

Insured: [REDACTED] S/S [REDACTED] D.O.B. [REDACTED]

Relationship to Patient? [REDACTED] Policy/L.D. No. [REDACTED] Group No. [REDACTED]

Employer: [REDACTED] Employer Phone: [REDACTED]

Employer Address: [REDACTED]

Insurance Co. Name: [REDACTED]

Mail Claims to: [REDACTED]

Telephone No. [REDACTED]

Are we on PPO? ☐ Yes ☐ No PPO Name: [REDACTED]Are we PAR for psych carve-out? ☐ Yes ☐ No Name of Company? [REDACTED]

Presenting Problem: [REDACTED] Provider: Nelson

Effective Date: [REDACTED] Deductible? [REDACTED] \$ Met? [REDACTED]

Pre-existing clause: [REDACTED]

Copay Amt: \$ [REDACTED] Co-Insurance Amt: % [REDACTED]

Annual Limitations/Maximums: [REDACTED] Used to date? [REDACTED]

Lifetime Limitations/Maximums: [REDACTED] Used to date? [REDACTED]

Are the following services/procedures covered?

Psych Testing (#96100)? [REDACTED] Group Therapy (#90853) [REDACTED] Family Therapy (#90847)? [REDACTED]

Does the policy exclude any diagnoses? [REDACTED]

Does the policy exclude any procedures? [REDACTED]

Covered Providers? PHD's [REDACTED] LCSW's [REDACTED] LMHC's [REDACTED] ARNP's [REDACTED] R.D.'s [REDACTED]

Do Out-Patient Services require Authorization? ☐ Yes ☐ No Contact Phone No. [REDACTED]

Initial Authorization # [REDACTED] Number Of Visits Authorized: [REDACTED] Expiration date: [REDACTED]

Provider Authorized? [REDACTED] Proc. Auth. [REDACTED] Spoke with [REDACTED]

Verified with [REDACTED] Staff Initials: [REDACTED] Date 3/16/09

Haas, Lewis, DiFiore & Amos, P.A.

A FULL SERVICE LITIGATION LAW FIRM

reply to: NEW PORT RICHEY

FAX COVER SHEET

NUMBER TRANSMITTED TO: (813) 905-9961

TO: DONNA DEAN - RELEASE OF INFORMATION
 OF: USF COLLEGE OF MEDICINE - DEPARTMENT OF
 PSYCHIATRY / DR. BRETT NELSON

FROM: RAYMOND A. HAAS, ESQUIRE

ANDREW J. LEWIS, ESQUIRE

OF: HAAS, LEWIS, DIFIORE & AMOS, P.A.

Health Information Release

Copied by: _____

COMPLETED

of Pages: _____

APR 28 2009 #6

DATE: APRIL 27, 2009

Date/date range released: _____

RE: L.T. V. MANDRELL
 FILE NO. 208131

- ☐ Entire medical record
☐ Clinical notes
☐ Lab results
☐ X-ray
☐ Scripts/medication report
☐ Other _____

CORRESPONDENCE OF APRIL 17, 2009 TO
 DR. BRETT NELSON; MEDICAL RECORDS
 RELEASE FORM; ORDER APPOINTING
 PLENARY GUARDIAN OF MINOR

6 PAGES, INCLUDING
 COVER PAGE.

COMMENTS: PER OUR CONVERSATION WITH JANET FROM DR.
 MYERS' OFFICE, ATTACHED IS OUR EARLIER REQUEST FOR MEDICAL
 RECORDS WITH ATTACHMENTS INCLUDING AN AUTHORIZATION FORM.
 PLEASE SEND US A COPY OF THE REQUESTED EVALUATION AS SOON AS
 POSSIBLE. THANK YOU.

NEW PORT RICHEY: 6917 STATE ROAD 54 • NEW PORT RICHEY, FLORIDA 34653 • 727-846-1100 • 727-846-1150

TAMPA • ST. PETERSBURG

254-8555

Alan Breneman

APR 17 2009 2:51PM

Haas, Lewis, DiFiore & Amos

No. 1570 P. 2

Haas, Lewis, DiFiore & Amos, P.A.

A FULL SERVICE LITIGATION LAW FIRM

reply to: TAMPA

April 17, 2009

VIA FACSIMILE TRANSMISSION ONLY

Brett Nelson, M.D.
USF College of Medicine
Department of Psychiatry
3515 East Fletcher Avenue
Tampa, FL 33613

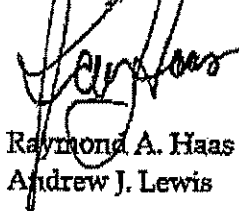
Re: *L.T., A Minor Child by and through her Permanent Custodian, Vicki McSwain, et al. v. Judy Mandrell, et al.*

Case No. : 4:08-CV-332-RH/WCS
Our Clients : L.T. and Vicki McSwain
Our File No. : 208131

Dear Dr. Nelson:

As you know, our office represents [REDACTED] in the captioned matter. We would like to request a copy of whatever evaluation, report or records you generated following your examination of [REDACTED] on March 19, 2009. We are enclosing an authorization signed by Vicki McSwain, the legal guardian of [REDACTED], along with a copy of the Judge's Order appointing Ms. McSwain as the legal guardian. We would request you send these documents to us at your early convenience as [REDACTED]'s case is rapidly moving towards trial. Thank you for your assistance.

Sincerely,



Raymond A. Haas
Andrew J. Lewis

/akb

Enclosures as noted
cc: Vicki McSwain

TAMPA - 4921 MEMORIAL HIGHWAY, SUITE 200 • TAMPA, FL 33634 • 813-253-5339 • FAX 813-254-8555
ST. PETERSBURG • NEW PORT RICHEY

Authorization for Disclosure of Protected Health Information

I, Vicki McSwain, authorize the disclosure of protected health information with regard to [REDACTED] as described herein. I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) or organization(s) that I authorize to receive [REDACTED] protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

1. I authorize the following person(s) and/or organization(s) to *disclose* my protected health information (as specified below):

NAME(s): Dr. Brett Nelson

ORGANIZATION(s): USF College of Medicine -- Department of Psychiatry

ADDRESS: 3515 East Fletcher Avenue, Tampa, FL 33613

2. I authorize the following person(s) and/or organization(s) to *receive* my protected health information, as disclosed by the person(s) and/or organization(s) above:

NAME(s): RAYMOND A. HAAS, ESQUIRE; ANDREW J. LEWIS, ESQUIRE

ORGANIZATION(s): Haas, Lewis, DiFiore & Amos, P.A.

ADDRESS: 4921 Memorial Highway, Suite 200, Tampa, FL 33634

PHONE: (813) 253-5333 or (800) 876-3392 FACSIMILE: (813) 254-8555

3. Specific descriptions of the protected health information that I authorize for disclosure:

☒ All protected health information (PHI) in the medical file subsequent to or for the time period specified: (All health information)

☒ All other documents in my file other than PHI

☒ Copies of all billings for services rendered

4. Specific description of the purpose for each use or disclosure (or write "At the request of the individual" in this space): "At the request of this individual" for legal purposes.

5. I understand that I may revoke this authorization in writing at any time, except to the extent that the person(s) and/or organization(s) named above have taken action in

reliance on this authorization.

6. This authorization expires on January 1, 2011, or in the event that my legal case is concluded, whichever occurs first.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction, and that a *photocopy* of this 2-page form is as valid as the original to allow release of the records of [REDACTED]

SIGNED

DATE

NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]

Legal Guardian of [REDACTED]

RELATIONSHIP OR AUTHORITY OF PERSONAL REPRESENTATIVE (IF APPLICABLE)

1. Protected health information (PHI) is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 CFR 164.508.
2. These laws apply to health plans, health care providers, and health care clearinghouses.

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT IN AND
FOR GADSDEN COUNTY, FLORIDA

JUVENILE DEPENDENCY DIVISION

CASE NO: 1996-0012-DEMA

08-000413-9AA

IN THE INTEREST OF:

[REDACTED]

DOB: 03/18/1994

MINOR CHILD

ORDER APPOINTING PLENARY GUARDIAN OF MINOR

On the Petition of VICKI MCSWAIN for the appointment of plenary guardian of the property of [REDACTED], a minor, the Court finding that said minor is incapacitated because of minority and that it is necessary for a guardian of the person and property to be appointed, it is

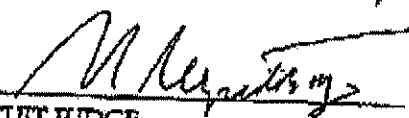
ADJUDGED as follows

1. VICKI MCSWAIN is qualified to serve and is hereby appointed as guardian of the property of [REDACTED] (the Ward).

2. Upon taking the prescribed oath, filing designation of resident agent, and acceptance, letters of guardianship shall be issued.

ORDERED on September 5 2008.

* any monies received
shall be placed in a
restricted account per
Sec. 69.031 F.S. *MA*


CIRCUIT JUDGE

George S. Reynolds, III

Page 1 of 2

p.4

727-823-7989

HAAS DUTTON Sep 11 08 04:47p

From: 8139743223 Page: 14/21 Date: 5/6/2009 2:16:58 PM
May 27 2009 2:51PM Haas, Lewis, Difiore & Amos

No. 1570 P. 6

Confirmed Copies to:

Kenneth H. Amos, Jr., Esquire
Theresa Sawyer
Shawanda Holoway
Jerrile Lynne Shepard, Esquire
Janet R. Schaffer, Esquire
Karen Melton
Anne Marie Highsmith, Esquire
Steven R. Andrews, Esquire
Sean Culliton, Esquire

Page 2 of 2

q'd

RRR/SPR/177

NOTION RWH d/sbn an ll des

From: 8139743223 Page: 15/21 Date: 5/6/2009 2:16:58 PM
Apr. 17, 2009 4:56PM

Haas, Lewis, DiFiore & Amos

No. 1320 P. 2

P. 002

Haas, Lewis, DiFiore & Amos, P.A.

A FULL SERVICE LITIGATION LAW FIRM

reply to: TAMPA

April 17, 2009

VIA FACSIMILE TRANSMISSION ONLY

Brett Nelson, M.D.
USF College of Medicine
Department of Psychiatry
3515 East Fletcher Avenue
Tampa, FL 33613

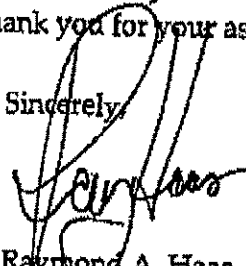
Re: *L.T., A Minor Child by and through her Permanent Custodian, Vicki McSwain, et al. v. Judy Mandrell, et al.*

Case No. : 4:08-CV-332-RH/WCS
Our Clients : L.T. and Vicki McSwain
Our File No. : 208131

Dear Dr. Nelson:

As you know, our office represents [REDACTED] in the captioned matter. We would like to request a copy of whatever evaluation, report or records you generated following your examination of [REDACTED] on March 19, 2009. We are enclosing an authorization signed by Vicki McSwain, the legal guardian of [REDACTED] along with a copy of the Judge's Order appointing Ms. McSwain as the legal guardian. We would request you send these documents to us at your early convenience as [REDACTED]'s case is rapidly moving towards trial. Thank you for your assistance.

Sincerely,



Raymond A. Haas
Andrew J. Lewis

/akb

Enclosures as noted

cc: Vicki McSwain

From: 8139743223 Page: 16/21 Date: 5/6/2009 2:16:58 PM
HPK-11-2009(FRI) 05:07
Apr. 17, 2009 5:33PM Haas, Lewis, DiFiore & Amos

No. 1335 P. 1/6 P. 001

Haas, Lewis, DiFiore & Amos, P.A.

A FULL SERVICE LITIGATION LAW FIRM

reply to: NEW PORT RICHEY

FAX COVER SHEET

NUMBER TRANSMITTED TO: (813) 974-1130

TO: DR. BRETT NELSON – ATTN: CRISTA BARZEL
OF: USF COLLEGE OF MEDICINE – DEPARTMENT OF
PSYCHIATRY

FROM: RAYMOND A. HAAS, ESQUIRE
ANDREW J. LEWIS, ESQUIRE
OF: HAAS, LEWIS, DIFIORE & AMOS, P.A.

DATE: APRIL 17, 2009

RE: L.T. V. MANDRELL, ET AL.
FILE NO. 208131

DOCUMENTS	
CORRESPONDENCE OF TODAY'S DATE; HIPAA AUTHORIZATION; ORDER	6 PAGES, INCLUDING COVER PAGE.

COMMENTS:

Apr. 17. 2009 5:33PM Haas, Lewis, Difiore & Amos

No. 1335 P. 5/6

P. 005

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT IN AND
FOR GADSDEN COUNTY, FLORIDA

JUVENILE DEPENDENCY DIVISION

CASE NO. 1995-0017-DEMA.

08-000423-9AA

IN THE INTEREST OF:

[REDACTED]

DOB: 03/18/1994

MINOR CHILD

ORDER APPOINTING PLENARY GUARDIAN OF MINOR

On the Petition of VICKI MCSWAIN for the appointment of plenary guardian of the property of [REDACTED], a minor, the Court finding that said minor is incapacitated because of minority and that it is necessary for a guardian of the person and property to be appointed, it is

ADJUDGED as follows

1. VICKI MCSWAIN is qualified to serve and is hereby appointed as guardian of the property of [REDACTED] (the Ward).

2. Upon taking the prescribed oath, filing designation of resident agent, and acceptance, letters of guardianship shall be issued.

ORDERED on September 5, 2008.

* Any monies received
shall be placed in a
restricted account per
Sec. 69.031 F.S. AA


CIRCUIT JUDGE

George S. Reynolds, III

Page 1 of 2

p.4

727-823-7889

HAAS DUTTON Sep 11 08 04:47p

Apr. 17. 2009 5:33PM Haas, Lewis, Difiore & Amos

No. 1335 P. 6/t P. 006

Conformed Copies to:
Kenneth E. Amos, Jr., Esquire
Theresa Sawyer
Shawanda Holoway
Jennie Lynne Shepard, Esquire
Janet R. Schaffer, Esquire
Karen Melton
Anne Marie Highsmith, Esquire
Steven R. Andrews, Esquire
Sean Culliton, Esquire

Page 2 of 2

c'd

ARR/-079-17/

NOTING SWH 0/4/09 00 11 des

APR 17 2009 4:56PM HFK-11-2009(FRI) 04:30
Haas, Lewis, DiFiore & Amos

No. 1320 P. 3

P. 003

Authorization for Disclosure of Protected Health Information

I, Vicki McSwain, authorize the disclosure of protected health information with regard to as described herein. I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) or organization(s) that I authorize to receive protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

1. I authorize the following person(s) and/or organization(s) to *disclose* my protected health information (as specified below):

NAME(s): Dr. Brett Nelson

ORGANIZATION(s): USF College of Medicine - Department of Psychiatry

ADDRESS: 3515 East Fletcher Avenue, Tampa, FL 33613

2. I authorize the following person(s) and/or organization(s) to *receive* my protected health information, as disclosed by the person(s) and/or organization(s) above:

NAME(s): RAYMOND A. HAAS, ESQUIRE; ANDREW I. LEWIS, ESQUIRE

ORGANIZATION(s): Haas, Lewis, DiFiore & Amos, P.A.

ADDRESS: 4921 Memorial Highway, Suite 200, Tampa, FL 33634

PHONE: (813) 253-5333 or (800) 876-3392 FACSIMILE: (813)254-8555

3. Specific descriptions of the protected health information that I authorize for disclosure:

X All protected health information (PHI) in the medical file subsequent to or for the time period specified: (All health information)

X All other documents in my file other than PHI

X Copies of all billings for services rendered

4. Specific description of the purpose for each use or disclosure (or write "At the request of the individual" in this space): "At the request of this individual" for legal purposes.

5. I understand that I may revoke this authorization in writing at any time, except to the extent that the person(s) and/or authorization(s) named above have taken action in

From: 6139743225 Page: 20/21 Date: 5/6/2009 2:17:00 PM
Apr. 17. 2009 5:33PM Haas, Lewis, Difiore & Amos

No. 1335 P. 4/6 P. 004

reliance on this authorization.

6. This authorization expires on January 1, 2011, or in the event that my legal case is concluded, whichever occurs first.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction, and that a *photocopy* of this 2-page form is as valid as the original to allow release of the records of [REDACTED]


SIGNED

4/17/09
DATE

NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
SOCIAL SECURITY NUMBER: [REDACTED]

Legal Guardian of [REDACTED]
RELATIONSHIP OR AUTHORITY OF PERSONAL REPRESENTATIVE (IF APPLICABLE)

1. Protected health information (PHI) is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.506.
2. These laws apply to health plans, health care providers, and health care clearinghouses.

North Psychiatry

USF Psychiatry Clinic, 3515 E. Fletcher Avenue
Tampa, FL 33613
(813) 974-8900

Patient: [REDACTED]
[REDACTED]
HOLIDAY, FL 34691

Age/DOB: 15 yrs [REDACTED]
EMRN: P1684335
OMRN: P1684335
Home: [REDACTED]
Work: [REDACTED]

Medication List

<u>Medication</u>	<u>Days</u>	<u>Qty</u>	<u>Refills</u>	<u>Start</u>	<u>End</u>	<u>Provider</u> <u>Status</u>
FLUoxetine HCl 10 MG Oral Capsule ; TAKE 1 CAPSULE DAILY.	30	30	0	19Mar2009		Nelson, Brett Active

Printed By: ddeen

1 of 1

05/06/2009 02:04 PM

Haas, Lewis, DiFiore & Amos, P.A.

A FULL SERVICE LITIGATION LAW FIRM

reply to: TAMPA

May 7, 2009

VIA E-MAIL AND FACSIMILE TRANSMISSION ONLY

Maria A. Santoro, Esquire
Law Office of George Hartz Lundeen
863 East Park Avenue
Tallahassee, Florida 32301-2620

Re: *L.T., A Minor Child by and through her Permanent Custodian, Vicki
McSwain, et al. v. Judy Mandrell, et al.*
Case No.: 4:08-CV-332-RH/WCS

Dear Ms. Santoro:

This correspondence confirms your telephone call to our office yesterday afternoon wherein you acknowledged receipt of the documents from Dr. Brett Nelson, which were sent to you electronically. Those documents were sent to you via e-mail transmission at 2:30 p.m. on May 6, 2009.

Sincerely,

Raymond A. Haas /s/

/akb

Raymond A. Haas
Andrew J. Lewis

cc: Lance Block, Esquire
Richard Filson, Esquire
Vicki McSwain